

# IIH Pressure - a new treatment for raised brain pressure in Idiopathic Intracranial Hypertension

<b>Submission date</b> 19/06/2017	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 18/07/2017	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 05/08/2024	<b>Condition category</b> Nervous System Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Idiopathic intracranial hypertension (IIH) is a condition of unknown cause. The condition causes raised pressure in the brain and can cause daily headaches and loss of sight, which can be permanent. The raised brain pressure squashes the nerves supplying the eye (also known as papilloedema) and this can affect vision and cause blindness. Over 90% of patients with IIH are overweight and weight loss is the most effective treatment. Other treatments for IIH have very little current evidence to support their use and few treatments in general are available for raised brain pressure. Gut neuro-peptides are a group of hormones released by the gut with specific actions in the central nervous system. GLP-1 is a hormone that has known actions in the kidney to reduce blood pressure. Preliminary work has shown this mechanism to be similar to that regulating fluid secretion in the brain. Further preliminary work has shown that GLP-1 reduces intra-cranial pressure in animal models. GLP-1 drugs are currently used to treat diabetes and aid weight loss. The aim of this study is to investigate the effects of the GLP-1 drug, exenatide, on intra-cranial pressure as well as evaluate the effect of five common medications on intra-cranial pressure.

### Who can participate?

Females aged 18 to 60 years old who are diagnosed with IIH.

### What does the study involve?

This study has two parts. The first part of the study includes participants having telemetric intra-cranial pressure sensors fitted. Participants are randomised to one of two groups. Those in the first group receive exenatide through skin injections twice daily for 12 weeks. Those in the second group receive a placebo (a dummy medication). This is given through skin injections twice daily for 12 weeks. Participants are followed up at two and 12 weeks with intracranial pressure recording (ICP) which is a non-invasive monitor, as well as blood tests, headaches scores and cognitive (mental) testing). At 12 weeks, participants are assessed for their quality of life, and clinical measurements. The second part of the study randomly allocates participants to receiving one of five medications for two weeks (with one week washout between them).

### What are the possible benefits and risks of participating?

Participants may benefit from receiving brain pressure monitors which is non-invasive and can

improve monitoring. Participants may benefit from improvements in their conditions depending on the medication they receive. Participants may benefit from increased clinical observation during the study period as well as opportunities to improve their understanding of their condition. There is a small risk from using anesthesia as well as small risks from the procedure of bleeding near the brain, infection or seizures after the procedure. There is a small risk that the device could fail which requires another surgery to remove the device. There is a risk of nausea due to the medication. There are rare reports of pancreatitis associated with the medication.

Where is the study run from?

This study is being run by the University of Birmingham (UK) and takes place in six health centres /hospitals in the UK.

When is the study starting and how long is it expected to run for?

June 2015 to July 2019

Who is funding the study?

Ministry of Defence (UK)

Who is the main contact?

Mr James Mitchell

## Contact information

**Type(s)**

Public

**Contact name**

Mr James Mitchell

**ORCID ID**

<https://orcid.org/0000-0001-6785-9352>

**Contact details**

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Edgbaston  
United Kingdom  
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## Additional identifiers

**Protocol serial number**

CPMS 34681

## Study information

**Scientific Title**

The acute and chronic effects of gut neuropeptides on intracranial pressure regulation

**Acronym**

IIH Pressure

**Study objectives**

Exenatide modulates fluid secretion and inflammatory biomarkers in the central nervous system following acute administration.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

West Midlands Research Ethics Committee - Solihull, 29/06/2017, ref: 17/WM/0179

**Study design**

Randomized; Interventional; Design type: Treatment, Drug

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Idiopathic intracranial hypertension

**Interventions**

The main part of the trial has two arms, active treatment and placebo. The second part of the trial is single arm and open to all participants on the main trial.

First part of the study:

The randomisation process for the main trial is by computer generated list.

The active treatment arm receives a single bolus of the study drug, exenatide at baseline. The dose is 20 mcg Exenatide (Byetta) via subcutaneous injection. Following the baseline day all active arm participants receive 10 mcg Exenatide (Byetta) via subcutaneous injection twice daily and self administer. The duration of treatment is 12 weeks. Follow-up takes place at 2 weeks and 12 weeks.

The placebo arm receives a single bolus of Normal Saline Placebo at baseline. The dose includes 1 mL via subcutaneous injection. Following the baseline day all placebo arm participants receive 0.5 mL Normal Saline via subcutaneous injection twice daily and will self administer. The duration of treatment will be 12 weeks. Follow-up is done at two weeks and 12 weeks.

Follow up is done at two and 12 weeks where participants undergo Intracranial pressure (ICP) recording, IOP, blood sampling, OCT, headache scores and cognitive testing. Additionally, at 12 weeks participants also undergo clinical measurements, quality of life questionnaires, and DEXA scan.

Second part of the study:

This part of the study is a single arm sequential, open label design. All participants receive all

medications in random order. The duration of treatment is two weeks, week one is a titration week where necessary. There will be a minimum one week washout between rounds. Follow-up is by visit at two weeks.

The medications for this part of the study are:

Acetazolamide: Patients take 500 mg BD PO immediate release for 7 days, followed by 1g BD for 7 days.

Spironolactone: Participants take 100 mg OD PO for 7 days, followed by 200 mg OD for 7 days.

Amiloride: Participants take 10 mg OD PO for 14 days.

Furosemide: Patients take 40 mg OD PO for 7 days, followed by 80 mg OD for 7 days.

Topiramate: Participants take 25mg BD PO for 4 days, followed by 25 mg mane/50 mg nocte for 3 days followed by 50 mg BD for 7 days.

### **Intervention Type**

Drug

### **Phase**

Not Specified

### **Drug/device/biological/vaccine name(s)**

Exenatide, acetazolamide, spironolactone, amiloride, furosemide, topiramate

### **Primary outcome(s)**

1. Change in Intracranial pressure (ICP) measured by telemetric ICP catheter between baseline and 24 hours post drug administration
2. Change in ICP measured by telemetric ICP catheter between baseline and end of trial visit
3. Change in ICP measured by telemetric ICP catheter between baseline and 2.5 hours post administration

### **Key secondary outcome(s)**

1. Biological effects of exenatide measured using blood tests at 24 h, 2 and 12 weeks
2. Headaches measured using severity scores at 24 h, 2 and 12 weeks
3. Quality of life measured using SF-36 at baseline and 12 weeks
4. CSF exenatide levels measured by assay at two and a half, six and 11 hours

### **Completion date**

31/07/2019

## **Eligibility**

### **Key inclusion criteria**

1. Female
2. Aged 18-60 years old
3. Diagnosed with IIH by the modified Dandy criteria
4. Active disease (papilloedema Frisen grade greater than 1)
5. Significantly raised ICP (greater than 25cm CSF)
6. No evidence of venous sinus thrombosis (documented normal MR Venogram or CT Venogram)
6. Able to provide informed consent

### **Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

60 years

**Sex**

Female

**Total final enrolment**

15

**Key exclusion criteria**

1. Aged less than 18 or older than 60 years
2. Pregnant or trying to conceive
3. Significant co-morbidity, such that in the opinion of the investigator it would not be in the participant's best interest to participate in the trial
4. Addison's or Cushing's disease
5. Functioning CSF shunt/stent or optic nerve sheath fenestration
6. Currently using GLP-1 agonist or DPP-4 inhibitor
7. Surgical contra-indication
8. Concomitant therapy with acetazolamide, topiramate or diuretics (this can be discontinued 1 month prior to enrolment)
9. Inability to give informed consent e.g. due to cognitive impairment

**Date of first enrolment**

31/07/2017

**Date of final enrolment**

31/07/2018

**Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Queen Elizabeth Hospital Birmingham**

Mindelsohn Way

Edgbaston  
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**Study participating centre**  
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**Study participating centre**  
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# Sponsor information

## Organisation

University of Birmingham

## ROR

<https://ror.org/03angcq70>

# Funder(s)

## Funder type

Government

## Funder Name

Ministry of Defence

## Alternative Name(s)

MOD

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

The current data sharing plans for the current study are unknown and will be made available at a later date.

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Abstract results</a>		07/12/2022	05/08/2024	No	No

<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Other publications</a>	Evaluation of telemetric intracranial pressure monitoring	01/11/2022	03/11/2022	Yes	No
<a href="#">Other publications</a>		01/12/2020	05/08/2024	Yes	No
<a href="#">Other publications</a>	Sub-study	22/11/2023	05/08/2024	Yes	No
<a href="#">Preprint results</a>	Exenatide results	06/09/2022	07/11/2022	No	No